

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00621995       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2016	
Mailing Address 20 S 3RD ST SUITE 210		Amount 648.00	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT20167271438-1
Purpose of Expenditure DOOR TO DOOR CANVASS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate CLINTON HILLARY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2016	
Mailing Address 20 S 3RD ST SUITE 210		Amount 648.00	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : WFT20167271439-1
Purpose of Expenditure DOOR TO DOOR CANVASS		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TRUMP DONALD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1296.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 27 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>		Amount <b>648.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271441-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>8182.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>		Amount <b>648.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271436-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CLINTON HILLARY</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>7534.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1296.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**08 / 27 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>		Amount <b>175.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271443-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CLINTON HILLARY</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>		Amount <b>175.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271444-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>350.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**08 / 27 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>648.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271445-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>7534.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>648.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167271446-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>8182.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1296.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 12  
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NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>		
Mailing Address <b>20 S 3RD ST SUITE 210</b>			Amount <b>648.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271448-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>7534.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>		
Mailing Address <b>20 S 3RD ST SUITE 210</b>			Amount <b>648.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271449-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>8182.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1296.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**08 / 27 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)  
**OHIO VOTER FUND POLITICAL ACTION COMMITTEE**

FEC IDENTIFICATION NUMBER ▼

**C** C00621995Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee  
**OVFPAC PAYROLL**Mailing Address 20 S 3RD ST  
SUITE 210City State Zip Code  
COLUMBUS OH 43215Purpose of Expenditure  
DOOR TO DOOR CANVASSCategory/  
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
08 27 2016

Amount

175.00

Transaction ID : WFT20167271450-1

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate  
STRICKLAND TED☒ Support  
☐ OpposeOffice Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: OHCalendar Year-To-Date  
Per Election for Office Sought

8357.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶Full Name of Payee  
**OVFPAC PAYROLL**Mailing Address 20 S 3RD ST  
SUITE 210City State Zip Code  
COLUMBUS OH 43215Purpose of Expenditure  
DOOR TO DOOR CANVASSCategory/  
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
08 27 2016

Amount

175.00

Transaction ID : WFT20167271452-1

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate  
PORTMAN ROB☐ Support  
☒ OpposeOffice Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: OHCalendar Year-To-Date  
Per Election for Office Sought

8357.00

Disbursement For: ☐ Primary ☒ General  
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

350.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

M M M / D D D / Y Y Y Y Y Y  
08 27 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271453-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1301.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271458-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1444.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>286.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>		Amount <b>143.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727150-1</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>		Amount <b>143.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727151-1</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>286.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727153-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>STRICKLAND TED</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1301.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727155-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>STRICKLAND TED</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1444.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>286.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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Date

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**08 / 27 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 25 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727157-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1301.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>39.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271515-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1483.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>182.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**08 / 27 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 26 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>143.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016727158-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1444.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>39.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271518-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1483.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>182.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**08 / 27 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>39.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271520-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>STRICKLAND TED</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1483.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 27 / 2016</b>		
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>39.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167271523-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1483.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>78.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>7184.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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